

Case Number:	CM15-0213308		
Date Assigned:	11/03/2015	Date of Injury:	01/13/2005
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 56-year-old who has filed a claim for chronic knee, foot, and leg pain reportedly associated with an industrial injury of January 13, 2005. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for Flector patches and topical Lidoderm film. The claims administrator referenced a September 17, 2015 office visit in its determination. On said September 17, 2015 progress note, the applicant was described as "retired" and "unable to work." Ongoing complaints of shoulder, back, and knee pain were reported. Flector patches, Lidoderm patches, viscosupplementation therapy, and a new TENS unit were endorsed while the applicant was seemingly kept off of work. The note was very difficult to follow and mingled historical issues with current issues. The note was apparently attached to a bill dated "September 17, 2015" and was electronically signed on "September 27, 2015." The dates "September 17, 2015" and "August 6, 2013" also appeared in the body of the note, making it difficult to discern the actual date of the encounter and/or whether the reporting was in fact contemporaneous.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flector 1.3% #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical Diclofenac/Voltaren. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Diclofenac/Voltaren/Flector is indicated in the treatment of knee joint arthritis and small joints which lend themselves toward topical application, such as the knee arthritis seemingly present on the date in question. This recommendation is however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the attending provider stated on the date in question that the applicant's treatment to date had "provide poor relief of symptoms." The applicant was deemed "unable to work," the treating provider reported on the date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Flector patches at issue. Therefore, the request was not medically necessary.

Lidoderm 5% topical film #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: Similarly, the request for topical Lidoderm film was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, here, however, the applicant's primary operating diagnosis was seemingly that of knee arthritis, i.e., a condition not classically associated with neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by symptoms such as numbing, lacerating, electric shock-like, burning, and/or tingling sensations, i.e., sensations which were not clearly reported on the date in question. There was, moreover, no mention of the applicant's having failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to the request for Lidoderm film being initiated. Therefore, the request was not medically necessary.